

April 8, 2003

**TREATMENT OF ACUTE MYOCARDIAL INFARCTION (AMI)
AND UNSTABLE ANGINA**

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines policy on treatment of acute myocardial infarction (AMI), or heart attack, and unstable angina.

2. BACKGROUND: The treatment of AMI and unstable angina is a complicated and evolving field, which places stress on the health care delivery system in terms of both people and resources. Although all levels of care cannot be provided in all Department of Veterans Affairs (VA) facilities around the clock, standard operating procedures (SOPs) must be established to ensure appropriate care is provided in-house or through arrangements with the necessary local community facilities, on a 24-hours-a-day 7-days-a-week treatment basis, at all VA facilities with acute care beds.

3. POLICY: It is VHA policy that the care of patients suffering from AMI and unstable angina be consistent with appropriate medical standards. As interim guidance, use the guidelines published by the American College of Cardiology and the American Heart Association for treatment of AMI (see website <http://www.acc.org>) until such time as VA updates its AMI Treatment Guidelines. ***NOTE:** Based on the clinical needs of the patient, each facility determines at the outset to care for the patient, or to transfer the patient to another facility for emergency care for AMI and unstable angina.*

4. ACTION

a. **Veterans Integrated Service Network (VISN) Director.** Each VISN Director is responsible for ensuring that:

(1) By June 30, 2003, a VISN-wide strategy is developed to ensure coordination of AMI and unstable angina care throughout the VISN. In some cases this will require inter-VISN coordination and collaboration.

(2) Facility plans are consistent with medical standards for AMI and unstable angina care.

(3) The VISN-wide plan (which includes facility-specific plans) is submitted to the Deputy Under Secretary for Health for Operations and Management (10N) no later than July 31, 2003.

b. **Facility Director.** Each VHA facility Director must develop an action plan that ensures that:

(1) Patients with AMI and unstable angina be provided with treatment consistent with medical standards.

(2) All services for AMI and unstable angina treatment are available on-site or through referral.

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(3) The local plan is implemented no later than August 31, 2003.

c. **Chief Consultant, Acute Care Strategic Healthcare Group (SHG).** The Chief Consultant, Acute Care SHG, Patient Care Services (111), is responsible for:

(1) Providing a technical review to ensure the adequacy of each VISN plan in collaboration with the Deputy Under Secretary for Health for Operations and Management (10N).

(2) Developing, in collaboration with the Performance Measurement Work Group, new performance measures to assess performance relative to the revised VA AMI Treatment Guidelines. ***NOTE: The measures must be available no later than 30 days following the completion of the revised VA AMI Treatment Guidelines. Data to assess performance relative to the measures will be collected through the External Peer Review Program (EPRP) and the Catherization Laboratory Data Acquisition Program.***

d. **Chief Quality and Performance Officer.** The Chief Quality and Performance Officer is responsible for:

(1) Ensuring that revised guidelines are posted electronically for use by VA facility professional staff within 30 days of guideline approval.

(2) Ensuring, in collaboration with the Employee Education Service and the Acute Care SHG, that relevant patient and provider education tools are developed and finalized within 30 days of guideline approval, and that the tools are consistent with information in the revised guidelines.

(3) Ensuring that the production, publication, and distribution of these tools are completed within 30 days of completion of the approved tools.

5. REFERENCES

a. Eugene Braunwald et al. "ACC-AHA Guideline Update for the Management of Patients with Unstable Angina and Non-ST-Segment Elevation Myocardial Infarction - 2002: Summary Article," Circulation (Circ), 2002;106:1893 -1900. This is also available at <http://www.circulationaha.org> or <http://www.acc.org>.

b. Patient educational materials are available through the National Heart Attack Alert Program, at www.nhlbi.nih.gov/actintime.

c. Cannon CP, Gibson CM, McCabe CH, Adgey, AAJ, Schweiger MJ, Sequeira RF, et al. "TNK-tissue Plasminogen Activator Compared with Front- loaded Alteplase in Acute Myocardial Infarction" Circ 1998; 98 :2805-14.

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d. Van de Werf F, CannonCP, Luyten A, Houbracken K, McCabe CH, Berioli S, et al. "Safety Assessment of a Single-bolus Administration of TNK-tissue Plasminogen activator in Acute Myocardial Infarction: the ASSENT-1 trial" American Heart Journal 1999; 137:786-91.

e. The Assessment of the Safety and Efficacy of a new Thrombolytic Regimen (ASSENT)-3 Investigators. Efficacy and safety of tenecteplase in combination with enoxaparin, abciximab, or unfractionated heparin: the ASSENT-3 randomized trial in acute myocardial infarction; Lancet 2001; 358: 605-13.

f. Bode C, Smalling R, Gunther B, et al. Randomized Comparison of Coronary "Thrombolysis Achieved with Double bolus Reteplase and Front-loaded, Accelerated Alteplase in Patients with Acute Myocardial Infarction" Circ 1996; 94: 891-898.

6. FOLLOWUP RESPONSIBILITY: The Deputy Under Secretary for Health for Operations and Management (10N) and the Chief Consultant Acute Care (111) are responsible for the contents of this Directive. Questions may be addressed to 202-273-8490.

7. RECISSIONS: None. This VHA Directive expires April 30, 2008.

S/ Jonathan B. Perlin, M.D. for
Robert H. Roswell, M.D.
Under Secretary for Health

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